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**\*BIBDATASHEET\***

CONFIRMATION NO. 1644

Bib Data Sheet

SERIAL NUMBER 09/743,950	FILING DATE 07/28/2003  RULE	CLASS 710	GROUP ART UNIT 2182	ATTORNEY DOCKET NO. 3135/FBR
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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/AU99/00595 07/23/1999  
 which claims benefit of 60/094,068 07/24/1998

*OK CG*  
*ce R*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 8	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>COB</i> Initials				

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TITLE  
 Input/output interface and device abstraction

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )